

# MI-1040CR MICHIGAN Homestead Property Tax Credit Claim

Issued under P.A. 281 of 1967. Filing is voluntary.

1998 CR

Attachment Sequence No. 05

<b>PLACE LABEL HERE</b>	▶ <b>1</b> Filer's First Name, Middle Initial and Last Name			▶ <b>2</b> Filer's Social Security Number		
	If a Joint Return, Spouse's First Name, Middle Initial and Last Name			▶ <b>3</b> Spouse's Social Security Number		
	Home Address (No., Street, P.O. Box or Rural Route)			Office Use		
	City or Town	State	ZIP Code	▶ <b>4</b> School District Code (see p. 46)		

  

<b>▶ 5</b> Residency Status in 1998 a. <input type="checkbox"/> Resident    b. <input type="checkbox"/> Nonresident c. <input type="checkbox"/> Part-Year Resident. Complete dates below. You <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> <b>FROM:</b> Mo. Day Yr. <b>TO:</b> Mo. Day Yr. Spouse <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span>	<b>▶ 6</b> Age on Dec. 31, 1998 a. YOU ..... ▶ a. _____ b. SPOUSE ..... ▶ b. _____ c. If you are an unremarried surviving spouse, enter spouse's age at death ..... ▶ c. _____	<b>▶ 7</b> If you qualify for either of the following, check the box. a. <input type="checkbox"/> Paraplegic, Quadriplegic, or Hemiplegic b. <input type="checkbox"/> Totally and Permanently Disabled (see p. 43)
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8. <b>Homeowners:</b> Enter the 1998 <b>taxable value</b> of your homestead .....	▶ <b>8.</b> ..... <b>.00</b>
9. Property taxes levied on your home in 1998 (see p. 34) or amount from line 43, 48 or 50 .....	▶ <b>9.</b> ..... <b>.00</b>
10. <b>Renters:</b> Enter rent paid in 1998 from line 45 ..... ▶ <b>10.</b> ..... <b>.00</b>	
11. Multiply line 10 by 20% (.20) .....	11. .... <b>.00</b>
12. <b>Total.</b> Add lines 9 and 11 .....	12. .... <b>.00</b>
<b>Household Income. Be sure to include income from both spouses.</b> <b>If your household income is more than \$82,650, you are not eligible for a credit.</b>	
13. Wages, salaries, tips, sick, strike and SUB pay, etc. ....	13. .... <b>.00</b>
14. All interest and dividend income (including nontaxable interest) .....	14. .... <b>.00</b>
15. Net rent, business or royalty income .....	15. .... <b>.00</b>
16. Retirement pension and annuity benefits. Name of payer: .....	16. .... <b>.00</b>
17. Net farm income .....	17. .... <b>.00</b>
18. Capital gains less capital losses (see page 43) .....	18. .... <b>.00</b>
19. Alimony and other taxable income (see page 43). Describe: .....	19. .... <b>.00</b>
20. Social Security, SSI or railroad retirement benefits .....	▶ <b>20.</b> ..... <b>.00</b>
21. Child support (see page 43) .....	21. .... <b>.00</b>
22. Unemployment compensation and TRA benefits .....	▶ <b>22.</b> ..... <b>.00</b>
23. Other nontaxable income (see page 43). Describe: .....	23. .... <b>.00</b>
24. Workers' comp., veterans' disability compensation and pension benefits .....	24. .... <b>.00</b>
25. FIP and other FIA benefits .....	▶ <b>25.</b> ..... <b>.00</b>
26. <b>Subtotal.</b> Add lines 13-25 ..... <b>Subtotal</b>	26. .... <b>.00</b>
27. Other adjustments (see page 44). Describe: ..... 27. .... <b>.00</b>	
28. Medical insurance or HMO premiums you paid for you and your family .... 28. .... <b>.00</b>	
29. Add lines 27 and 28 .....	29. .... <b>.00</b>
30. <b>HOUSEHOLD INCOME.</b> Subtract line 29 from line 26 .....	▶ <b>30.</b> ..... <b>.00</b>

  

31. Multiply line 30 by 3.5% (.035) or by the percent in Table 3 (see p. 44) .....	31. .... <b>.00</b>
32. Subtract the amount on line 31 from line 12. If line 31 is more than line 12, enter zero (0) .....	32. .... <b>.00</b>
<b>Seniors (you wrote "65" or older anywhere in box 6), go to lines 34 or 35. FIP/FIA recipients and people who checked box 7a, go to lines 34 or 35. All others (including people who checked box 7b) must complete line 33.</b>	
33. Multiply line 32 by 60% (.60) (maximum \$1,200). Go to line 36 .....	33. .... <b>.00</b>
34. Everyone who received <b>FIP/FIA payments</b> , complete lines 51-54. Enter the amount from line 54 here. <b>Seniors who pay rent</b> , complete lines 55-59. Enter amount from line 59 here (maximum \$1,200). Go to line 36.....	
35. <b>Senior homeowners or people who are paraplegic, quadriplegic or hemiplegic</b> (if you completed line 34, skip this line), enter the amount from line 32 (maximum \$1,200). Go to line 36 .....	34. .... <b>.00</b> 35. .... <b>.00</b>
36. <b>CREDIT.</b> If your household income (line 30) is less than \$73,650, enter the amount that applies to you from line 33, 34 or 35 here. If it is more than \$73,650, you must reduce your credit (see instructions on page 44). If you file an MI-1040, carry this amount to your MI-1040, line 29 .....	▶ <b>36.</b> ..... <b>.00</b>

**HOMEOWNERS**

Report on lines 37 and 38 the addresses of the homesteads you are claiming credit on. If you need more space, attach a list.

37. Address where you lived on Dec. 31, 1998, if different than reported on line 1.	Taxable Value
38. Address of homestead sold during 1998 (No., street and city).	Taxable Value

If you bought or sold your home in 1998, complete lines 39 - 43.	Homestead	A. Bought	B. Sold
39. Number of days occupied. (Total cannot be more than 365) .....	39.		
40. Divide line 39 by 365 and enter percentage here .....	40.	%	%
41. Property taxes levied in calendar year 1998 .....	41.		
42. Prorated taxes. Multiply line 41 by percentage on line 40 .....	42.		
43. Taxes eligible for credit. Add line 42, columns A and B. Enter here and on line 9 .....	43.		.00

**RENTERS**

44. Address of homestead you rented (No., street, apt. no. and city)	Landowner's Name and Address	Number of Months Rented	Monthly Rent	Total Rent Paid
A.				A.
B.				B.

45. Total rent paid (not more than 12 months). Add total rent for each period. Enter here and on line 10 .....	45.	.00
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**OCCUPANTS OF HOUSING ON WHICH SERVICE FEES ARE PAID INSTEAD OF TAXES**

46. Name and address of housing project or landowner.	
47. Enter the total amount of rent you paid in 1998. Do not include amounts paid on your behalf by a government agency .....	
47.	.00
48. Multiply line 47 by 10% (.10). Enter here and on line 9 .....	
48.	.00

**OCCUPANTS OF NURSING OR ADULT FOSTER CARE HOMES OR HOMES FOR THE AGED**

49. Name and address of care facility.	
50. Your share of taxes paid by the landowner (see page 41). Enter here and on line 9 .....	
50.	.00

**CREDIT PRORATION -- Complete if you received FIP/FIA benefits**

51. Subtract line 25 from line 30 and enter here .....	51.	.00
52. Divide line 51 by line 30 and enter percentage here .....	52.	%
53. If you entered 65 or older anywhere in box 6, or checked box 7a, enter the amount from line 32. All others multiply amount on line 32 by 60% (.60) and enter here (maximum \$1,200) .....		
53.		.00
54. Multiply line 53 by percentage on line 52. If you are age 65 or older and you rent your home, enter here and on line 55 and complete lines 56-59. Otherwise, enter here and on line 34 .....		
54.		.00

**ALTERNATE PROPERTY TAX CREDIT FOR RENTERS AGE 65 AND OLDER**

55. Enter amount from line 32 or from line 54 .....	55.	.00
56. Enter rent paid from line 45 or 47. (If you moved during 1998, see instructions, page 45.) .....	56.	.00
57. Multiply the amount on line 30 by 40% (.40) and enter here .....	57.	.00
58. Subtract line 57 from line 56. If line 57 is more than line 56, enter "0" .....	58.	.00
59. Enter the larger of line 55 or 58 and carry this amount to line 34 .....	59.	.00

*I declare, under penalty of perjury, that the information in this claim and attachments is true and complete to the best of my knowledge.*

☐ I authorize Treasury to discuss my claim  
and attachments with my preparer.

☐ Do not discuss my claim  
with my preparer.

*I declare, under penalty of perjury, that this claim is based on all  
information of which I have knowledge.*

Preparer's Signature, Address, Phone and ID No.

Filer's Signature

Date

Spouse's Signature

Date